
CASE NAME

CASE NUMBER

SOCIAL SECURITY NUMBER

AUTHORIZATION TO FURNISH/RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any person, agency, or institution to supply information requested by the Department of Social Services, concerning me or my family, and to allow inspection and reproduction of records in their possession pertaining to me or my family by any duly authorized representative of the Department of Social Services.

I further authorize the Department of Social Services to release such information to providers or cooperating State or Federal agencies.

I herewith release any person, agency, or institution from any and all liability to me or my family for supplying such information.

This authorization is given only in conjunction with its use by the Department of Social Services in its administration of its benefit programs and for no other purpose.

SIGNATURE OF APPLICANT/RECIPIENT

DATE

SIGNATURE OF SPOUSE/GUARDIAN

DATE

BOX #/STREET ADDRESS

CITY/STATE/ZIP CODE

TELEPHONE NUMBER